

APPLICATION FORM FOR EMPLOYMENT WITH THE U.S. MISSION, CHENNAI, INDIA

NAME IN FULL (Last) (Middle) (First)			JOB TITLE IN ANNOUNCEMENT		
SEX Male : Female:			ANNOUNCEMENT NO.		
PRESENT ADDRESS: 			DATE OF BIRTH (Month, Day, Year)		
			PLACE OF BIRTH (City, Country)		
			CITIZENSHIP		
			TELEPHONE #: EMAIL ADDRESS:		
NAMES AND LOCATION OF EDUCATIONAL INSTITUTIONS ATTENDED		DATES From To		DEGREE	MAJOR SUBJECTS
COMPUTER EXPERIENCE:					
SPECIAL QUALIFICATIONS AND SKILLS: List any special skills you possess and machines and equipment you can use.					
TYPING SKILLS _____ WPM			LICENSES/CERTIFICATION:		
LANGUAGE PROFICIENCY Level I: Rudimentary Level II: Limited Knowledge Level III: Good Working Knowledge Level IV: Fluency Level V: Interpreter (Name and Indicate the level of your competence)					
Language	Speak	Understand	Write	Read	

Details of your CURRENT employment

May we approach your present employer?

☐ Yes☐ No

Dates of Current Employment	Title of Position	Duties
From:	Salary (per year)	
To: continuing		
Name and Address of Employer		
Name, Title and phone number of immediate supervisor		
Why do you want to leave the current job?		

Details of your PREVIOUS 5 Positions Of Employment:

Dates of Employment	Title of Position	Duties
From:	Salary (per year)	
To:		
Name and Address of Employer		
Name, Title and phone number of immediate supervisor		
Reason for Leaving		

Dates of Employment From: To:	Title of Position	Duties
	Salary (per year)	
Name and Address of Employer		
Name, Title and phone number of immediate supervisor		
Reason for Leaving		

Dates of Employment From: To:	Title of Position	Duties
	Salary (per year)	
Name and Address of Employer		
Name, Title and phone number of immediate supervisor		
Reason for Leaving		

Dates of Employment From: To:	Title of Position	Duties
	Salary (per year)	
Name and Address of Employer		
Name, Title and phone number of immediate supervisor		
Reason for Leaving		

Dates of Employment From: To:	Title of Position	Duties
	Salary (per year)	
Name and Address of Employer		
Name, Title and phone number of immediate supervisor		
Reason for Leaving		

REMARKS

LIST ANY RELATIVES OR FAMILY MEMBERS EMPLOYED BY THE U.S. MISSION:

Name

Section

Relationship

CERTIFICATION

Before signing this form make sure you have answered all questions fully and completely. A false statement on this form is cause for disqualification/dismissal.

I do solemnly affirm that the information contained herein is correct to the best of my knowledge and belief.

SIGNATURE

DATE